



## **ALARM AGENT CHECK LIST**

- \_\_\_\_\_ Alarm Agent License Application
- \_\_\_\_\_ Proof of Age (must submit a clear copy of Driver's License or other government issued ID with picture)
- \_\_\_\_\_ Must submit one set of fingerprints for background check. You may come down in person and have your prints taken at no charge or you can have your fingerprints taken at the nearest Police Department. Your fingerprints must be done on an Applicant Fingerprint Card, FD-258 form.
- \_\_\_\_\_ Picture taken at Chandler PD or 2 current photos 2"x2"
- \_\_\_\_\_ Check for \$99.00 (\$70.00 ***new agent application*** fee plus \$29.00 background check fee). Make check payable to the Chandler Police Department.

**COMPLETED APPLICATION, FINGERPRINT CARD, PHOTOS, PROOF OF AGE, AND FEES MUST BE BROUGHT IN OR MAILED TO:**

**CHANDLER POLICE DEPARTMENT  
Field Operations Division/Alarm Unit  
Mail Stop 303  
PO Box 4008  
Chandler, AZ 85244-4008**



**Chandler • Arizona**

*Where Values Make The Difference*

**STAFF USE ONLY**

Alarm Agent License Number:

\_\_\_\_\_

**CHANDLER POLICE DEPARTMENT ALARM AGENT LICENSE APPLICATION**

1. Full Name:		2. Application Date: / /			
3. Name, Address & Phone Number of Alarm Business where you are employed:		4. Other names or aliases (including maiden name):			
5. Current Residential Address:		6. Previous Residential Addresses for 5 years (with dates):			
7. Employment history for the last 5 years (including addresses, dates, and positions held):					
8. Home Telephone Number: (including area code)		9. Facsimile Number, if any: (including area code)			
10. E-Mail Address, if any:		11. Social Security Number:			
12. Date of Birth:	13. Height:	14. Weight:	15. Hair Color:	16. Eye Color:	
17. <b>Written proof of age must be submitted with this application. Acceptable proof includes picture driver's license or other current photo identification document issued by a governmental agency.</b> Type of I.D.: _____ I.D. Number: _____ Expires: _____					
18. Have you or any business for which you were a "Controlling Person" ever had an alarm business, alarm agent or similar license refused, denied, canceled, suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please list the reason(s) for such action, along with the date and jurisdiction:					
19. Have you ever been convicted of any crime, excluding minor civil traffic offenses, or are you currently pending trial or other court proceeding for any criminal offense? <b>FAILURE TO ANSWER TRUTHFULLY WILL RESULT IN A DENIAL OF YOUR APPLICATION.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", initial here _____) If "Yes", please describe:					
20. Applicant Signature:		Date:			
<b>DO NOT WRITE BELOW THIS LINE -- FOR STAFF USE ONLY</b>					
Proof of Age	Photo Taken	Fingerprint Card	Background Check	Application Fee	Staff Initials
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Departmental Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied					
Police Employee: _____			Date: ____/____/____		